

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		2	2	2		
6		2	2	2		
7		4	4	4		
8		2				
9		4				
10	1					
11	1					
12	1					
13	1					
14		2				
15		2				
16		4				
17	1					
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TOTAL IND. 12   
 TOTAL DEP. 42   
 TOTAL CLAIMS 54   

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL IND.   
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